What works in SEND

Roles and Responsibilities within Local SEND and Alternative Provision Partnerships: Leadership in the "Middle"

Full report

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Table of Contents

Acronyms

AP – Alternative Provision

CDC – Council for Disabled Children

DCO – Designated Clinical Officer

DfE – Department for Education

DHSC - Department of Health and Social Care

DSCO – Designated Social Care Officer

DMO – Designated Medical Officer

EHC – Education, Health and Care

EHCP – Education, Health and Care Plan

ICB – Integrated Care Board

ICS – Integrated Care System

ILACS -Inspecting Local Authority Children's Service

LA – Local Authority

LAC – Looked After Child

PfA – Preparing for Adulthood

SENCos - Special Educational Needs Co-ordinators

SEND – Special Educational Needs and Disabilities

1. Background

In our research on Special Education Needs and Disabilities (SEND) and Alternative Provision (AP) systems to date, middle-level leaders have emerged as a critical part of the workforce. They take a potentially significant strategic role in supporting partnership working across education, health and social care. In this deliverable our aim was to improve understanding of how middle level leaders add value to services for children, young people and families in the SEND system. In doing so, we were specifically commissioned to consider the interdependent roles and responsibilities of Designated Social Care Officers (DSCOs), Designated Clinical Officers (DCOs) and SEND Leads, as key occupiers of middle level leader roles in the SEND and AP system, albeit we recognise there are many other important middle level leadership roles in the system.

The DSCO represents the strategic lead in framing and developing social care elements of the SEND strategy across the local authority, in compliance with legislative requirements of the SEND Code of Practice (2015). DMO (usually a paediatric doctor) or DCO (an allied health professional or a nurse) represents a co-ordination role sitting within an ICB, supporting them to deliver their statutory duties, working with partners across health, education, social care and Parent Carer Forums to ensure that the health needs of all children and young people with SEND[1] are considered and they promote health as a key strategic partner within the local SEND system. Local Area SEND Leads work with DSCOs and DCOs to promote partnership working across delivery of all services. We provide more detail below in Section 5 regarding legislation around DSCO and DCO/DMO roles.

Sitting in the 'middle' of the system, these roles are positioned below senior leadership within local authorities, but also ICBs. Previous research by the University of Warwick team focused upon how leadership necessarily needs to be shared across partners in the SEND system; ideally middle level leaders need their actions and influence to be aligned and exhibit synergy across their ranks to induce this shared effect. This represents a considerable challenge that this report seeks to address, specifically that of ensuring DSCOs and DCOs exert middle level leadership influence towards SEND system improvement in the face of accountability being concentrated with managers and professionals in the educational domain.

In principle these roles are designed to operate across the multi-disciplinary and multi-agency SEND system and, to work at the interface of these agencies, acting as the lynchpin between them. Previous reports from University of Warwick, focused upon leadership, Delivering Better Outcomes Together (DBOT), Alternative Provision, and Inclusion, highlighted contextual factors that shape the influence of middle level leaders with a focus upon SEND Leads. These contextual factors include decision-making powers they hold, the organisation and culture of local SEND and AP partnerships. In this report, we follow such issues up with a specific focus upon how middle level leadership might be shared across DCOs and DSCOs.

[1] For ease of reading, we use the term 'SEND' to refer to disabled children, young people and children and young people with special educational needs.

Of course, the environmental backdrop proves an obstacle to systems improvement. The backdrop is one of rising numbers of children and young people presenting with SEND and resultant increased applications for assessment for Education, Health and Care Plans (EHCP), alongside financial pressures on local authorities as well as families in recent years, exacerbated by the cost-of-living crisis and the COVID 19 pandemic. Against this backdrop, structural change and policy change across education, health and social care offer opportunities for middle level influence, specifically the introduction of Integrated Care Systems (ICS) and Integrated Care Boards (ICB). The aim of this report is thus to identify how policymakers and local government organisations might support widespread middle level influence.

Induced from our research we have found three challenges regarding shared middle level leadership influence upon SEND systems:

- **The Role Challenge:** Job Description & Accountability, Strategic Influence, Building Relationships & Networks.
- **The Organisational Challenge:** Structures, Culture, Strategy.
- **The People Management Challenge:** Senior Leadership Support, Training & Learning, Funding & Capacity.

2. Research Aim and Objectives

Aim

The aim of this research deliverable was to explore roles in the 'middle' of SEND and AP systems that contribute towards shared leadership for system improvement, with a focus upon DCOs and DSCOs, and their interaction with SEND Leads.

Objectives

- Identify challenges for shared middle level leadership influence towards SEND and AP systems improvement;
- Identify best practice examples at a local partnership level that support and facilitate leadership influence of the middle level workforce across organisations;
- Make recommendations that policymakers and local government organisations and their partners in SEND and AP systems can adopt to enhance middle level leadership influence towards SEND and AP systems improvement.

3. Methods

We focused on middle level leadership in five local areas; we call these 'deep dive case studies'. We conducted 37 interviews and then engaged another 35 research participants in focus groups. Interviewees and focus group participants included not just DCOs, DSCOs, but SEND Leads, Directors of Education, Assistant Directors of SEND, Directors of Children's Services, representatives and members of Parent Carer Forums (PCF), leaders in Virtual School departments, heads of SEND (ICB and NHS Trusts), Educational Psychologists, Education, Health and Care (EHC) Managers, Assistant Directors for ICBs, Family Support managers, national experts from health and social care and Special Educational Needs Co-ordinators (SENCos). We engaged interviewees and other research participants from a wide geographical spread of local areas with the Midlands, North-West, Eastern and South-East regions represented in the case study areas.

4. Limitations

This research is qualitative. It focuses on the exploration of roles and responsibilities of middle level leaders, specifically DCOs/DMOs and DSCOs, and how they work together amongst a limited number of participants; the views expressed therefore may not be representative of the sector as a whole. Our focus was not evaluative regarding their effectiveness in doing so.

5. Who Are Middle Level Leaders in Local SEND and AP Partnerships?

Whilst the 2014 Children and Families Act and SEND Code of Practice encouraged partnership working across agencies with the common aim of improving outcomes, these roles are not currently statutory, with limited national guidance on how SEND and AP partnerships should position and manage these, although CDC provides considerable support for the enactment of the roles of DCO/DMO and DSCO (e.g. Designated Medical/Clinical Officer Handbook; Designated Social Care Officer Handbook). Below we explore the roles in more detail.

Health – DCOs/DMOs

As Integrated Care Boards (ICBs) across England begin to embed new staffing structures, team approaches to delivering the statutory duties for SEND have emerged. This is centred around the closely aligned SEND roles in health holding a middle leadership space such as Designated Clinical Officer (DCO) and Designated Medical Officers (DMO). The DMOs or DCOs play a key role in implementing the Children and Families Act reforms, in particular supporting joined up working between health services and local authorities. A DCO is typically a registered Nurse or a registered Allied Health Professional (usually a children's Occupational Therapist, Physiotherapist or a Speech and Language Therapist) and the DMO is a medical doctor, typically a community paediatrician. These roles have changed since inception in September 2014 and as of April 2024 there are fewer DMOs than DCOs: with 45 DMO and 129 DCOs, although this is in flux.

Currently there are inconsistencies in these roles, which is recognised in the SEND and AP Improvement Plan where there are recommendations for a review, potentially pooling the expertise of DMOs and DCOs into one role (see SEND and AP Improvement Plan, section 5.2). For the purposes of this report, we focused on the DCO role as they tend to have a strategic role in local areas, most sitting within ICBs and supporting them to deliver statutory duties around SEND and working closely with DSCOs and SEND leads. DMOs in contrast have tended to sit with the provider, providing expertise medical advice, taking a quality assurance role and generally less involved with broader strategic issues across the partnership.

As strategic lead in health for SEND, the DCO "*work in partnership with other operational and strategic leaders in the provider organisation, ICB, parent carer forums, provider collaboratives, local authorities, and voluntary sector organisations*". (CDC, 2019). Proposed in the SEND Code of Practice (DfE and Department of Health and Social Care, 2015) the role was established to support clinical commissioning groups (now ICBs) to meet needs of children and young people with SEND in line with the 2014 Act. Whilst non-statutory, there were expectations that DCOs should be health professionals with *"appropriate expertise and links with other professionals to enable them to exercise them in relation to children and young adults with EHC plans from the age of 0 to 25"* (CDC, 2019). The SEND and AP Improvement Plan (HM Government, 2023) aims to bring together the roles of DCOs and DMOs under one job title with a stronger set of functions. Recent figures suggest there were 122 DCOs/Deputy DCOs in post in 2023 (NHS National SEND Team).

Social Care - DSCOs

The DCSO enacts a strategic lead role in framing and developing social care elements of the SEND strategy across the local authority, in compliance with legislative requirements of the SEND Code of Practice (2015). Whilst the Children and Families Act 2014 established social care as a key partner, it is only in recent years that the DSCO role has started to develop and embed in local SEND and AP systems. This has been supported by the recent iteration of the Area SEND inspection framework (2024) which seeks to elevate the contribution of social care. Developed and advocated for by CDC (CDC, 2019), DSCOs were piloted in 2018 and have grown in number with increasing local authorities establishing this role, although the nature and profile of DSCOs varies across the country. Exact numbers of DSCOs in post is unknown, but responses to a recent survey by CDC, shared in a DSCO learning event (March 2024) suggest that there were over 60 DSCOs operating (in 152 local authority (LA) areas) at that time.

There has been recent national recognition of the DSCO role in the SEND and AP Green Paper (DfE, 2022) where a proposed amendment to the SEND Code of Practice (DfE and DHSC, 2015) advocating DSCO roles was echoed by the *"strong support"* for the role in the SEND and Alternative Provision (AP) Improvement Plan (DfE, 2023).

Recent social care reports such as the Independent Review of Social Care (MacAlister, 2022) have also acknowledged DSCOs for "*improv[ing] the strategic integration of children's social care with the SEND system*", and the Working Together to Safeguard Children (HM Government, 2023) "*encouraged*" implementation of DSCOs to "*improve links between social care services and the SEND system*". Similarly, the Stable Homes, Built on Love (DfE, 2023) consultation, set out an intention to tackle difficulties navigating the social care system, including a proposed Law Commission review to "*simplify and streamline*" legislation impacting children and young people with SEND and their families.

6. Findings

6.1 Introduction

Middle level leadership in SEND is complex and broad in scope because it potentially encompasses many roles across many organisations, roles may be unclear, and those holding similar jobs may enact their roles differently. Essentially, however, these roles aim to provide oversight of SEND, co-ordinate development and delivery of SEND services between local authorities and other agencies, such as NHS providers and commissioners, and schools. These roles should also ensure compliance with relevant legislation and the SEND Code of Practice.

Middle leaders have a 'birds' eye' view of the system. As one PCF representative described, they "*join the dots*", to see "*what's happening here, is related to what's happening there*". As a conduit between the agencies within the SEND system they are well-placed to work towards improving outcomes for children and young people. In doing this, their work bridges two key areas that it is helpful to distinguish between:

- 'intra' organisational work – within their own organisations – health, education and social care, upskilling professionals to support better outcomes for children, young people and parent carers; and
- 'inter' organisational work – between their own organisation and others – as a conduit for organisations in partnership with health, education, social care, parent carers and voluntary organisations, to promote understanding and communication across organisations and develop shared understanding and effective partnership working to improve outcomes for children and young people.

Middle level leaders worked to develop and nurture system level improvement, in a context of growing demand, flux in the workforce and policy shifts, all resulting in pressures on education, health and social care services, each with differing agendas and levels of SEND knowledge and expertise. Middle leadership is challenging, and the demands of middle level leaders are high. This is a reflection of the extent of work to be undertaken to bring very different, bureaucratic systems and cultures together to effect change.

From our research, we induced three key challenges, and constituents of each, in the box below (Box 1: Key Challenges for Effective Enactment of Middle Level Leadership Roles), which frame our report.

Key Challenges

- **The Role Challenge:** Job Description & Accountability, Strategic Influence, Building Relationships & Networks.
- **The Organisational Challenge:** Structures, Culture, Strategy.
- **The People Management Challenge:** Senior Leadership Support, Training & Learning, Funding & Capacity.

Box 1: Key Challenges for Effective Enactment of Middle Level Leadership Roles

6.2. The Role Challenge

6.2.1 Job Description & Accountability

As non-statutory roles and with limited national guidance, DCO and DSCO posts have evolved at a local level in our case study areas with considerable variation. Some DCO and DSCO roles were full-time, others part-time; some roles had responsibility for one LA area and in others two; there were also disparities in funding, seniority, pay, placement within organisations, management and structures of support and career progression. Different profiles of the roles affected the scope of the post, and middle leaders' ability to affect change. A DCS stated, "*people don't always understand what is expected of the DSCO*". Furthermore, whilst advice and training from sources such as CDC, including the RISE programme itself were useful, this was not always timely and middle leaders could find themselves weeks or months into the job before these were available.

Interviewees suggested a need for more clearly defined job expectations and accountabilities for middle level leader posts, given the pivotal positions these postholders hold in the system:

"There's such complexity to the system…it helps to have people that are designate and can relate to one another, to develop the understanding and then communicate [to]inspectors, but also to families and whoever else we need to account to…in terms of what we could do further…having an accountable framework of reference…that's really explicit." (DSCO).

The following DSCO described how she spent a significant period on taking up the post familiarising herself with the complexities of the role and developing a workplan. The DSCO's experiences described here are typical across the case studies, and illustrate the scope of the roles:

"The first six months was about understanding, looking across multiple services, trying to work out what we needed to do, coming up with an effective work plan and getting out and meeting people. So, six months of the role was just about that."

One DCO described how through support from fellow DCOs - specifically by comparing job descriptions - she had developed confidence to ensure she was working within boundaries, protecting herself from *"doing absolutely everything"*.

Even when established in post however, role holders commented on the scarcity of guidance for managing the parameters of the middle level leadership role and addressing specific challenges, such as EHCPs. There was some support for the middle level leadership, but it remained insufficient:

"It's fab [CDC training] *but it doesn't get into the nitty gritty of the day-to-day things that you come across, we need … clarity on what we're covering and what we're not covering"* (DSCO).

Similar experiences were described by DCOs, for example on coming into post one DCO described feeling *"out of my depth"* as the transition from her role as a health visitor to the designated role had been a considerable challenge. She reported that this was exacerbated by having a line manager who had a non-medical background which had been problematic for aligning approaches and developing supportive networks.

Finally, middle level leaders need to recognise boundaries of their, and other's roles. One DCO explained:

"*I am very confident in knowing what's the DCO responsibility and what's not, and I feel very happy saying 'no, that isn't me' and I think as a new DCO, you say 'yes, yes yes' to a lot of things, when you should be saying 'no'. So, I've learned over time as to what's within my responsibility and what do I need to raise to somebody else."*

Working in partnership was complicated by the differing governance structures within which middle level leaders sat. Whilst DSCOs were subject to local authority governance, DCOs were subject to ICB governance. This could be challenging when aligning roles and responsibilities, as a SEND Lead points out:

"They've [DCOs] *got their own ICB governance, whereas we come under local authority governance, and we need to pull them together to make sure we're all working towards the same outcomes and driving change in a focused way."*

The complexities of structures of governance in health were noted by another SEND Lead who, whilst appreciating the knowledge DCOs brought to *"live case issues"*, was frustrated by a cumbersome governance process, especially in complex ICB structures, where decisions become removed from decision-making at a local level:

"DCOs are often stuck with taking decisions back to other decision makers… in principle everyone might agree, including your DCO, but then we have to wait 3-4 weeks for a health response and that response might be no, which makes things really difficult because that might be the only plan on the table …also because they are so far removed from the actual discussion, they may not understand the contextual nuances" (Assistant Director for SEND).

There were also tensions between individual and system accountability. In one local area, the DCO had felt they had not been sufficiently supported by senior health leaders (at Clinical Commissioning Group/ICB level), suggesting that accountability and 'risk' had been overly focused on designated leads. However, since the emergence of ICBs, and the presence of a strong leader for SEND within the ICB, accountabilities had been strengthened. This had also been reinforced by the new area SEND inspection framework. These changes raised awareness of legal compliance and accountably around SEND, at ICB level as well as at a local area level:

"We were holding a lot of risk at lower level without any acknowledgement or support at higher level. I think because ICBs have matured a bit more and obviously the inspections have really helped with ICBs' really understanding…[that] they do need to be held accountable" (DCO).

6.2.2. Strategic Influence

Middle leaders understood the importance of working strategically, with many heavily involved in multi-agency working across partnerships, and with expertise and experience to lead on system improvement. There was however tension between the strategic and operational aspects of their roles.

A SEND Lead asserted the ability to be strategic "*really will depend on the strength of the operation of the team underneath"*, acknowledging how the immediacy of demands at operational level – whether this related to challenges at school level or EHCP quality for example – could hamper progress with realising a strategic longer-term vision. One DCO expressed a commonly held view amongst the ranks of middle level leaders, noting how the demands of operational work made finding space for strategic influence beyond this challenging:

"(It's) difficult to work strategically at DCO level you're doing so much case management: you're doing a lot of operational work, you're doing a lot of quality assurance…finding time to collect the research, to get the data…to write the papers… pull them together, to get up to board level and support…to write reports"

An Executive Director in an ICB echoed the difficulty of focusing on system challenges when other demands were overwhelming: *"It's hard to see the benefits of system-working when you're under such pressures*". In these conditions, as one DSCO pointed out, it is understandable that middle level leaders retreat into their *'safety zone'* attending to immediate demands in their own agencies and in the context of *"financial dire straits"* middle level leaders were *"hunkering down and dealing with the most immediate business"*.

A DCS advocated for more proactive, strategic work by middle level leaders - for example investing time within multi-agency meetings focused on longer term change – would prevent operational issues that middle-level leaders had to firefight dominating. According to this DCS, this was pivotal for broader scale change across the system, to solve the *'wicked'* problem of *"how we're going to generate the culture change that we need around integrated working"*.

At the sharp end of supporting parent carers to navigate the SEND system, DSCOs found themselves spending significant time explaining the detail of the social care system. For example, whilst in the past families may have been assigned a social worker from within the Children with Disabilities team, this was now less likely. In this scenario, DSCOs described feeling hamstrung by a national issue, indicative of increased thresholds, a systems issue which would benefit from strategic focus at a partnership level, to reach joint solutions. In the meantime, the operational impact of these issues formed a significant part of the workload of middle level leadership roles.

One DSCO argued that for meaningful change to be affected, their role demanded a predominantly strategic focus, with an ability to *"embed change"* and *"change processes"*. To carry this forward, such roles needed to embody significant status, this achievable through appropriate positioning in local areas. Partnerships were navigating this in various ways, with differing models for fulfilling the DSCO function. One participant had concerns that in some cases the DSCO role had been *'tagged on'* to the remits of managers of children with disability services, instead of this being a standalone role, this not allowing sufficient time to dedicate to driving forward change across agencies, reflecting their role as strategic change agents.

Solutions to balancing the middle level leader role so they were given time and space to be strategic appeared thin on the ground, and this remains an ongoing challenge. In one LA, they planned to change the DSCO role from a 70 per cent operational, 30 per cent strategic split, towards an equal divide between operational and strategic tasks but this proved challenging. In another area, a DSCO was attempting to manage their workload by auditing a set number of EHCPs each month, acknowledging that rising numbers of these limited individual checking, compromising the strategic scope of the middle leader role:

"I just don't think that that helps with embedding a role at strategic level where you're trying to put in processes and procedures but then you're picking up the phone".

This was echoed by another who warned of the danger of the DSCO being *"quite an administrative role"* with *"no seats at the table"* at strategic level.

6.2.3 Building Relationships & Networks

Much of the work of middle level leaders involved developing networks and building relationships across partnerships. Middle level leaders characterised this work as particularly intense in the first few months of the roles. Whilst time-consuming, this was important work for establishing a strong foundation for partnerships, as a Head of Service describes with reference to the DSCO in her area:

"So, what [DSCO] *has done is spent a considerable amount of her initial months just sitting on each of those boards* [SEND] *to see what they do and then how we can work together better to understand what the offer is and particularly around SEND what those children and should get".*

In one local area, DCOs and DSCOs were involved in joint activities with colleagues, encouraging genuine alignment between health and social care with joint reviews of the LAC, EHCP and joint recording procedure. There was also close alignment with education colleagues in the Virtual School and Heads of SEND to help streamline meetings. As the DCO underlines, "*those things that we have achieved…what's made the difference…is those relationships and those working together".*

Another DCO reflects on his first months in the role where initial tasks were focused on developing understanding of duties around SEND amongst health colleagues:

"The biggest thing for me was trying to build relationships up in the system. Trying to work out who I needed to work with, who I needed to speak to and who I needed to help in the health system to understand what the duties and responsibilities were".

Meanwhile, another DSCO described how initially her work was about *'infiltrating'* meetings across the local area, to ensure there was *'always that* [SEND] *oversight'* when policies and procedures were discussed.

Often mentioned was the importance of personal qualities needed to influence and affect change through careful navigation in different agencies. Relationships required a tactful approach with mutual respect for professional identities, as this DCO describes:

"I think it comes down to personalities…knowing what each other's boundaries are, so you're not stepping on people's toes. Being able to challenge respectfully, even though at times this could lead to 'annoying people' as 'that's the role".

Time was needed to develop partnerships and understand roles and responsibilities across the partnership:

"I feel like having your contacts and knowing who is who, and what their roles are, is essential, and I've been here, for almost three years and I feel like now I've got a grip on it. You need to give yourself time as a DCO to learn, understand it and know who is who, and who does what". (DCO).

By working in partnership, complex issues could be tackled in a way that demonstrated the value of the DSCO and encouraged an embedding of the role across social care more broadly:

"They've understood the value of it, and therefore they've promoted the value of it to their colleagues. Social workers now say to new colleagues, 'you need to speak to [DSCO] *because she will help you with that. She'll get alongside you and help you with that. And I think that's hugely valuable in the organization and why they're embedded".* (DCS).

Willingness to understand and acknowledge differences across professional practices within or between agencies was important, as this DCO describes:

"I think you've got to be quite open minded, and you've also got to be in quite willing to put your hands up and say I don't understand that because it's completely different to a clinical role"

Middle level leaders had often established relationships with colleagues, having had lengthy experience working in the local area; this seemed an important criterion for identifying DSCOs and DCOs.

"*I had relationships, you can get a lot done when you know people and you can bring them up less formally to implement a process or kind of understand the problem that might be emerging"* (DSCO).

6.3 The Organisational Challenge

6.3.1 Organisational Structures

There was variability in the organisational positioning of middle leaders, as well as the levels of seniority amongst those occupying these positions. Combined with variability in the professional background and experience of those occupying the roles of DCO or DSCO, this had an impact on the value assigned to these roles and their subsequent effectiveness.

Positioning of roles could be particularly challenging for DCOs working in health services – a complex network of structures and providers, especially if there were not clear identifiable lines to senior leadership. This could leave DCOs *"grounded in the weeds…trying to unpick lots of complexity"* (DCS).

The introduction of ICBs introduced "*a whole set of different commissioners and providers and some very complicated NHS governance in order to make changes happen*" (DCS). At the same time, for DCOs, their positioning as part of the ICB could afford what one participant describes as *"a bit of clout"*. A nurse by background, this DCO found that colleagues were more responsive to her as DCO, allowing her to fulfil the strategic focus of her role:

"[I'm] *a nurse, but when you're removed from that and you're in the ICB and you're a DCO… people have responded to that differently…the conversations I've had with pediatricians as a DCO as opposed to a nurse, I've been quite strategic and…taken more seriously and…when it comes to email responses, that happens with a bit more urgency which is nice actually, because it means you can move things forward".* (DCO).

Our research highlighted different interviewees had very different views on where best their role should sit. The DSCO in another local area described themselves as a senior leader that led on all services for 0–25-year-olds and was positioned in the Children with Disabilities and Adult Social Care Team. Working across the age range for SEND in this way has given the DSCO agency to elevate SEND services, as is explained:

"It's given status and volume to an otherwise Cinderella service in children's social services. It's given agency…so you amplify the significance and importance of our services in a system that was predominantly safeguarding and family safeguarding hardship because that's our big, big thing and it's … given disability a bit more volume". (DSCO).

This interviewee goes on to explain how the positioning of the DSCO in this local area had facilitated a crossing of boundaries, championing the importance of safeguarding and disability services across the wider social care system. This had the effect of raising the status of children and young people with SEND, whilst also drawing attention to other SEND work, beyond safeguarding. (see Box 2 below).

The box below summarises two examples of where middle level leaders sit in their teams.

Sitting in local SEND and AP partnership

In one area, SEND and social care now sit within one directorate. The Children's Services Assurance Team, which the DSCO is a part of, now sit within the Quality Assurance Team. This makes joint auditing easier. The area also now has a Multi-Agency Assurance Group.

"Since it's all come under one leadership, it's absolutely gained momentum. People were listening to me before, but the pace of the change has become quicker…The benefit of it was powerful in terms of the pace of that change and linking up information that we already have about each other and what we need to do to work together" (DSCO)

DSCO also leads 0-25 Together Service

In this area, the DSCO is also head of a Children with Disabilities and Adult Social Care Team. He is managed by a director who spans Quality Assurance for SEND and Specialist Service Social Care.

"[The 0-25 Together Service is] quite valued in our organization because it's meant that we've cut through organizational barriers such as the boundaries between the Care Act and adult delivery, and the Children's Act and children's delivery, and that interface between safeguarding and disability…[it combats that] devaluation of disabled children's services [as] being somehow less important…the local area are proud of the fact that we've broken down barriers, to construct a service model." (DSCO).

Box 2: Where Middle Level Leaders Sit in Teams

Developing closer networks through physical co-location was also important. In one area, a DCO described how spending at least some of her time working alongside education colleagues was valuable as *'you get a little bit of insight into day-to-day operation, and you get that closer working relationship especially with the EHC coordinators…when you see them face to face'*. In a similar vein, one DSCO had made the decision to position themselves within the team overseeing SEND education services as there was potential for mutual learning between education and social care:

"I've located myself alongside the SEND team…because that was the area where I felt I had most to learn in terms of understanding…processes and…I spend a lot of time making sure that they understand what Early Help do, what social work teams do and who to go and speak to"

In one area the DCO located themselves in LA offices for at least one day a week to *"make sure we* [teams working on SEND] *are visible"* and drop-in sessions were set up for staff across the partnership to "*make sure we support them"*.

Regular meetings between middle leaders in one local area had led to the development of standardised, holistic templates for working with children and young people drawing together social care, health and education. This was particularly useful for complex cases and was part of the development in this local area towards drawing middle leaders together in a hub, as illustrated below (Box 3).

The DCS in this area regarded this as an important tool for driving up quality and improvement, as he describes:

"The positive development, I think we have made there is that we have 'hubbed' together those roles into their own team. So, our DCO, DSCO and our education quality lead in the SEND service now form a kind of quality and improvement hub where they work better". (DCS).

The 'hub' structure facilitated middle level leaders to enact shared leadership influence around quality improvement, underpinned by four principles, as detailed in the Box below. It aligned their aims, and generated understanding of each other's perspectives, even in the face of potentially divergent performance accountabilities. It allowed them to anticipate and respond to service challenges, and in this case the hub provided a forum for constructive engagement with PCFs.

- DCO, DSCO and SEND leads should form a discrete 'mini team' so they develop and enact clear, shared objectives that are values-driven with a holistic focus.
- Middle level leaders should remain line managed in 'home' organisations, not in the hub, so they continue to represent their home organisations (ICBs and LAs) and influence senior managers in these towards necessary change.
- Middle level leaders should agree a collective view and a clear action plan prior to funding decisions by senior managers, to minimise conflict around priorities and budgets.
- Middle level leaders should involve the PCF in decision-making so children, young people and their families remain at the centre of decisions about SEND services.

Box 3: Principles for an Effective Middle Level Leadership Hub

Bringing professionals and agencies together in such ways mitigated against the 'sole expert' effect, with potential for the distribution and development of SEND expertise. For this DCO, who had previously worked alongside a DCO as deputy, building a team had considerable potential to reduce isolation:

"We've done a lot of work around building a team and having support… before a DCO job was quite isolating and felt quite lonely… that was one thing I was concerned about when I took on the role as a deputy that I still wanted to feel like I had a team…I was conscious that I'm going to be working from home and I'm going to be on teams a lot". (DCO)

In another example, a DCO described the positive impact of working in a small team, with a much more experienced colleague in a job share. Through this relationship this participant had been able to draw on her colleague's support when she was asked by a line manager to work on projects outside her expected remit: *"that gave me confidence to push back…her being there was my only support"*.

The development of teams, drawing together middle leaders across agencies was notable in some local areas, as was the presence of deputy or assistant roles. In some areas, a middle level leader working alongside a deputy allowed the lead designated officer to focus on more strategic elements of the role, with the deputy covering most of the operational duties. In other areas, deputy middle level leaders would take on attendance at additional strategic meetings across the local partnership to extend the reach and influence of the SEND agenda.

Local areas also had arrangements for workload according to the ICB within which they operated. In one example, two DCOs in neighbouring regions worked closely together, splitting some tasks between them. Engagement with a "*regional counterpart*" (DCO) reduced isolation and was made easier as both roles were managed from a common ICB and shared similar approaches to the DCO role.

A particularly notable model of distributing workload, as well as SEND expertise, was the *"community of practice"* cultivated in one local area. Developed by a middle leader this was a large group of stakeholders including SEND Leads, DCO and DSCO focused collectively on SEND and working together to take "*collective responsibility across the system"*. (SEND Lead).

The "*community of practice"* includes representatives (around 130) from thirty different groups from across the SEND and AP partnership. As a SEND Lead explains, the community are broad in membership, including but also transcending SEND agencies within the auspices of the LA and ICB: "*it's not just education, not just social care, it's not just health, it's our voluntary sector, it's our parent carers"*.

The group meet regularly, often virtually, with the chairperson shared amongst the stakeholders, as is the work on different SEND themes within the area SEND and AP partnership strategy, as is described here by a SEND Lead:

"*Each of them [the community] is responsible for the strategy, so they all come to it as an equal member, and we expect them to take the work back to their groups"*.

As the SEND Lead explains, this work has allowed middle leaders to draw upon stakeholders to manage workload, take collective ownership of the SEND agenda, as well as develop skills and knowledge around SEND within and beyond their agencies. Aswell as developing the home to school transport strategy for example, the group have organised events across the area such as a SEND 'festival' and collectively developed the SEND survey. The "*community of practice"* has grown in recent years:

"More people are taking responsibility for actions or task and finish which really is harnessing a bit more knowledge across [local area] *around what's available"*.

6.3.2 Organisational Culture(s)

The task for middle level leaders of aligning agencies around SEND included navigating fragmented cultures and practices. Part of this was the use of specific language:

"*I used to sit in meetings and write down all these acronyms and then when I had my meeting with [name of education colleague] used to go through them all and ask her what each of them meant"* (DCO).

Explaining the broader health context to those working in education departments proved a challenge for DCOs, especially as this was subject to ongoing change. One DCO described how *'the local authority didn't understand* ICBs'. This DCO stressed the importance of adapting language for different stakeholders across the partnerships. Avoiding overly technical language and acronyms to ensure effective communication and avoid alienating parent carers for example:

"The language between the services is so different. If you were to read the plan about your own child, if you were to read the social care language, it would be translatable, but if you take the SEND written word it is very complex…and I'm not sure how usable it would be…

What, for example, what are the aspirations of the child?... that wouldn't be the way we would ask the question [in social care]" (DSCO).

Similarly, language could act as a barrier to progressing EHCPs:

"The DSCO will come back to me and say 'the reason you're not getting the answers you want [on EHCPs] *is because you're using different terminology to social workers. Terminology and acronyms in SEND might mean something different in the world of social work... So, it's closing that gap".* (SEND Lead).

Language was one aspect of broader cultural indicators affecting understanding and attitudes. This DCO, advocating for a collective focus on the needs of children, young people and families, found this very challenging when the medical model currently dominates across health systems:

"It comes back to how do we get everyone to work as a system and see everything from each other's point of view? ... The medical model is so embedded in hospitals; they really struggle to see the social model with health... So how do we tackle that?" (DCO).

Developing a shared focus on SEND across agencies was thus key for middle level leaders. One SEND Lead highlighted the DSCO role had been an *"absolute godsend"* to ensure buy-in across partners to SEND improvement:

Middle level leaders commonly sought to cultivate a culture that was values-based and child-centred. One DSCO highlighted the need 'to keep in mind that a child with SEND is still just a child regardless of the agency those engaging with service provision sit within'. Working at the interface of several agencies, this same DSCO argued attention should be paid to the needs of a child 'as a whole', working collectively across the SEND and AP partnership, rather than in silos of social care, education and health. Focused on outcomes for children and young people, this values-based approach was an example of positive role-modelling for middle level leaders in this local area, challenging cultures of blame and driven by relationship-building:

"From a cultural perspective...social care have a tendency to blame education for it not being right, and education have a tendency to blame social care for it not going right...[we need] to think really carefully around how we get the best outcome for children, the young people...you don't have all the answers, but you are working together to be able to get them".

Box 4 below summarises implementation of a tool developed by the DSCO for addressing different professional cultures, in this specific local area, supporting social care professionals' contributions to EHCPs.

- DSCO led the development of screening tool and training programme for social care professionals, to improve social care knowledge of SEND, contribution to EHCPs and tackle misalignment between language use between social care and other agencies.
- The tool was co-produced with parent-carers.
- The screening tool provided guidance for social care professionals to have conversations with families when assessing children and young people with SEND.
- Multi-agency training was instigated for teams across social care; teachers, nurses and social workers through to enhance understanding of the EHCP process and which addressed any tendency towards siloed working.

Box 4: A Tool to Support Social Care Contribution to EHCPs

6.3.3 Organisational Strategies

In social care, DSCOs were frustrated by the limited focus SEND received, as safeguarding was prioritised in over-stretched teams. At times middle leaders felt they were fighting a losing battle: SEND was described by one participant as *'not a priority in the world of social care'* making the job of working in this space *'a bit like swimming in soup'* (DSCO). One DSCO described how in the early days of her work it was indicated by her social care manager that changes she suggested to drive the SEND agenda were not *'business critical'* and could not be prioritised.

Persuading colleagues to focus on the 'bigger picture', working proactively, preventatively, rather than limit work to strict remits could be a struggle:

"It's getting them [social care colleagues] to understand, looking at the broader picture, I find that everybody is focused on 'what's the matter?' and not 'what matters'. They're not drilling down…like the family service workers…they're told to go in, and as soon as you can close…because of the capacity". (DSCO).

This lack of buy-in was a source of frustration for middle level leaders. For DCOs, it could take time to develop mutual trust as colleagues in health might feel an initial suspicion towards individuals questioning and challenging their current practice, which would need careful negotiation and time to overcome:

"There's a 'what are you offering?' from providers when working in partnership with different teams." (DCO).

Part of this work for DCOs was aligning priorities, ensuring a mutual focus on the child. One DCO described this as embedding an understanding that these were intersectional issues, that SEND was multi-layered: *"SEND doesn't really have it's only stream, SEND feeds into everything"*. This was challenging for health colleagues working within an organisation where work tended to fall into clearly defined streams.

A PCF representative reflected on frustrations felt by middle level leaders, who at times would feel they were '*banging their head against a brick wall*', identifying what needs to happen but not '*necessarily being able to get the buy in from other stakeholders.'* As this DSCO explains, a *'system shared ethos'* was important in combating this, focused on the collective goal of improvement for service users, but this was likely to prove challenging in the face of limited understanding of, and capacity to respond to, service user needs:

"There is still a bit of a way to go for social care around understanding their responsibility to meet the care needs of a child with special educational needs [and] not only those known to the children's disabilities team". (Assistant Director for SEND).

And the capacity of the social care team to address SEND needs may also need to be enhanced:

"Everybody's very stretched and firefighting… So, they say, 'I think it's a good idea, but I haven't got time' or we've got 30 people to get through" (DCO).

There was advocacy for multi-agency strategic meetings and panels that brought together SEND middle leaders focused on *"decision making around SEND"*. Such meetings were initially around *"establishing and embedding' roles"*, particularly as the DSCO was new in post. Regular informal and formal meetings provide opportunities to coordinate work across agencies:

"We have a catch up monthly, where the DCO, me and SEND managers get together…about anything we need to be looking at or improving. In between times we'll have informal discussions about any cases …and then both the DCO and I attend the panel that looks at…whether we're going to issue plans. So, we're making sure…we are involved in those conversations and we both QA (quality assure) the plans…reviewing what social care advice and health advice … and commenting on that. "(DSCO).

"I've put monthly meetings in now for the DCS, for the DSCO and the DCO and the EP [Educational Psychologist] *Service and our Physical Impairment Service and myself and another key person within the team to get together and to look at training needs, the quality advice, the templates* [and] *the letters that we're using. So, things can only improve*"(SEND Lead).

6.4 The People Management Challenge

6.4.1 Support from Senior Leadership

Whilst middle level leadership roles were, as one DSCO described, *"an opportunity to float across teams, to look down on multiple services"*, to achieve this, *"everybody's buy-in"* (DSCO) was essential. For maximum effectiveness, senior leadership needed to take a key role in this mission, encouraging distributed leadership across partnership agencies, driving home the message that SEND is "*everybody's business*". (DSCO).

One DCO described how senior leadership in education had significantly supported her with established her role and building partnerships across the local area. With a background in speech and language therapy and therefore experience in visiting schools, the DCO and a senior leader in education – also an ex-education practitioner – visited specialist schools in the local area, this was valuable for developing understanding and alignment of strategic focus:

"We came away, we reflected on them (specialist schools) …we had chats in the car…I really valued that. It's made me understand the borough, the schools, the challenges. And helped to build that relationship where I felt as the result of those informal conversations, we're on the same page, we're trying to achieve the same strategic aims." (DCO).

Senior leaders with a coordinated overview of posts in the 'middle' were an important facilitator for their effectiveness, as was the need for those at a senior level to be driven by values aligned with those of middle leadership in the SEND space. This is exemplified by a DSCO who emphasises the importance of leadership support for the strategic focus of her post:

"So, my senior management have been supportive of the role right from the outset, the Assistant Director that manages me has been really clear and on the benefit of the role and trying to stay strategic where possible. So, I've had good backing and support". (DSCO).

For DCOs senior leadership support in ICBs could make a significant difference. One DCO for example described how when managed by someone 'who really didn't know about SEND' had drawn upon her expertise in speech and language therapy to develop specifications for integrated therapies. Thanks to the support of a more experienced DCO with whom she shared the post with, she was able to 'push back' on this and set boundaries. Having now moved to into a local area where there is stronger strategic support and SEND expertise, she feels empowered to carry out her role more effectively.

Middle level leader confidence to escalate issues in the event of these becoming 'stuck' without resolution was also important. An example where this was made possible was in a case where the DCO received supervision from a colleague whose seniority enabled an escalation on her behalf:

"If I find that I'm getting a blockage, I'm not getting anywhere with something that I think, 'I've been stuck on this for ages' I would then mention it to [Director of Quality in ICB] because I have supervision with [Director of Quality in ICB] and she would say, 'OK, I'll mention it at senior leaders.''

The importance of 'having the ear' of senior leaders is echoed by a DCO in a local area where a head of SEND in the ICB can 'bridge that gap...so we can all link up. Share experiences and have a voice'. This presence at ICB level was widely valued in this area and mitigated the 'lone voice' designated officers and SEND Leads could find themselves positioned as in local SEND and AP partnerships:

"The role can be very, very isolating if you are constantly raising concerns as an independent person and- not everyone - senior leaders don't really get SEND because they've got big portfolios" (DCO).

This was a common theme across the case studies. One DSCO described how the support of leaders was pivotal to driving forward change. This was a gradual process with senior managers accepting SEND as a part of their remit, the assumption this sat solely in education a significant challenge. The turning point was when the director of children's services took the lead on narratives around SEND in director's newsletters, referring to this in terms of a joint responsibility, "*her language changed*".

This had followed a period where the DSCO had been contributing to the newsletter herself, attempting to affect change. The senior leadership buy-in however had made a significant difference, pushing the narrative forward. Working alongside leaders willing to escalate issues also made a difference, as the same DSCO describes, after a period of frustration, this 'direct line' to senior leadership is crucial: *"for a long time I was banging on a door. No one was listening. Now everyone's listening and pretty much given a green light on everything"*.

6.4.2 Training and Learning

Training and upskilling were a key element of middle leader roles with much of their time spent supporting colleagues within their agencies to understand specific responsibilities and legal obligations relating to SEND. A notable shortfall in this respect was a working knowledge of the EHCP process, this identified as particularly lacking amongst social care staff:

"So, they just don't know the process. They don't know it or understand it, and there's still a lot of misunderstandings [by social workers about EHCPs] *... So, I do a lot of work around trying to help people in social care and early help understand"*. (DSCO).

One SEND leader made clear, gaps in understanding – particularly within social care - perpetuate misunderstanding of the needs of children and young people with SEND and their families:

"I think there's still a fundamental base level of understanding that all children professionals need around SEND, which I don't think is universal at the moment… until that changes, we're still going to have nuanced issues where people blame the child, or the circumstance rather than actually understand the child's needs and try and work with that". (Assistant Director for SEND).

Other participants also referred to poor understanding and even fear around SEND as part of an inclusive service: this DCO describes a need to *"tackle mindsets"* in health, particularly around learning disability:

"*It feels like SEND is this unknown that people fear, and I think especially when it comes to learning disability, there's a lot of hands off in [area name] and I struggle with that because if you're delivering an inclusive service, then there's no reason someone with a learning disability couldn't access it."* (DCO).

Interviewees underlined the importance of establishing a programme of training for middle level leaders, as one senior leader commented, *"I'm only as good as my least trained staff".* In one local area a DCO describes a network of available support and supervision for the role which included a deputy DCO, supervision, training, and ongoing support from Head of SEND:

"She was doing supervision with us all. When we've got a new DCO, she got a thorough induction and there's support from the SEND collaborative unit where there is a Deputy DCO that sits in there that can go out and support if they need it. So having that support network works well." (DCO).

One DSCO who was critical of the limited education knowledge in social care, at times risking *"animosity"* between different services. This had been the catalyst for reflection on how training events might be developed for professionals across agencies. This was currently only at the development stage in this local area, but this participant was advocating for "*a day of SEND for social care trainees, training teachers and training nurses where we bring everyone together".*

In another example, a DCO had led on a training session with education colleagues and parent carers focused on *"how the NHS works and the local offer".* This had been a positive experience as it raised the profile of the DCO as well as upskilling those stakeholders outside healthcare, then paving the way for closer alignment across agencies:

Engaging colleagues in upskilling when they were over-stretched was challenging.

"*The challenge is getting social workers to do the* advice [for EHCPs]. *The Council for Disabled Children had delivered all that train the trainer training, but we can't get the workers to come for like 3 hours training."* (DSCO).

As well as formal intervention, much of the training/upskilling took place through peer support networks to share experiences and expertise.

"I have really used my DSCO network in in the [region] *because I've just felt so lonely".* (DSCO).

"It is an isolated role… the regional network has been really helpful…it is an opportunity to get together with others, find out that you're not the only person who's tackling this or feel like you're being ignored by everybody". (DSCO).

In some local areas, there were separate DCO and DSCO networks which were reported to be very useful for networking and sharing knowledge and expertise. In other local areas, middle level leaders had formed teams across neighbouring areas to draw on the variable expertise and to compensate for the isolation at local partnership level. As this DCO describes:

"I had DCO colleagues doing the same thing in different boroughs, and we formed a bit of a team, we've all got different disciplines…we've got a couple that are speech and language, we've got children's nurse, we've got a mental health nurse. We have regular drop-in sessions where you can just go and have an informal chat, like 'this is going on in my area. Is this what you do over here, or can you share good practice…what's happening? So, I feel like I've got a team, but it's not within [local area name]." (DCO).

There were also 'community of practice' events convened by CDC which were valued forums for discussing challenges and mutual support:

"The fact that you get to have those conversations with the people… you find that actually lots of people are experiencing the same things…you were able to hear what other people have done to overcome it." (DSCO).

Peer support and learning from fellow middle level leaders was particularly helpful through regional networks. One DSCO for example, described how learning from the experience of a DSCO colleague in a neighbouring LA was instructive for her own planning for SEND champions:

"*So, I'm waiting for her to send me all the information to see how she's done it and …and how it works and try and see if I can glean something from them to put into practice here".* (DSCO).

Below, in Box 5, we highlight the value of regional support networks for DSCOs.

- Regional support networks for DSCOs encourage widespread engagement of local authorities in SEND system improvement.
- Regional support networks for DSCOs allow the auditing and sharing good practice.
- Regional support networks for DSCOs should be underpinned by clearly defined themes, for example workforce development.
- Regional support networks for DSCOs should have face-to-face events that allow for networking.
- Regional support networks for DSCOs should represent reflective space for learning about service improvement.

Box 5: Regional Support Networks for DSCOs

6.4.3 Funding and Capacity

In this financial climate, it is perhaps unsurprising that in some cases local areas were only making tentative commitments to funding for posts. In one area for example, a DSCO had been employed on a temporary, fixed-term basis with a view to "*trialling it out and seeing what the impact is*". (DSCO) This was more notable for the DSCO role - with DCOs and SEND leaders more embedded - and the DSCO role currently evolving and less well established in the SEND system. Indeed, there was an awareness that to have a DSCO at all positioned the LA in a comparatively fortunate place to others, as one senior leader pointed out, "*we're lucky to have one*". (Head of Service, Education).

Whilst amongst our interviewees it was established practice for DCOs to be funded through health budgets, in one local area when the DCO role was initially put in place following the Children and Families Act (2014), it had been funded by the local authority, although funding was now from the ICB, as was the case more widely. There was also some variation in the commissioning of DSCO roles in our research, although social care tended to be the predominant funder. In one case for example, the DSCO was funded through education budgets, initially for one year, as social care did not have adequate resources, although the value of the role was recognised by senior leadership in the local SEND and AP partnership.

Contract types also varied with middle leaders employed full or part time and/or with varying lengths of contract. Short-term contracts could prove particularly problematic, given the broad remit of the roles, as postholders were under pressure to quickly embed themselves and make an impact, which could – as described below – risk burnout. One DSCO describes how limited commitment to the middle level leader role had led to an initial flurry of networking activity:

"*And it's not absolutely fixed* [funding]. *I joined everything when I arrived. I was a member of every working group, every panel, just to try and find out what was going on and as the months of it are going on, I'm sort of funnelling that a bit now*".

In this example, a decision had been taken for the DSCO to streamline her remit, concentrating on issues relating to children aged 0-16 years within her one-year contract, this reflecting concerns around the capacity of one individual to fulfil an extensive remit in a limited period, a situation acknowledged to be less than ideal:

"We've asked her [the DSCO] *to just concentrate on children from 0 to 16, and then she sits within some of those forums, but doing the work. I'm not sure because again, we need several DSCOs to be able to do this".* (Head of Service, Education).

7. Recommendations: 12 Point Plan for Making the Most of Middle Level Leadership

Evident in our study, there is a need for the SEND system and its funding across different government agencies to be better set up to promote joint working and integration across middle level leadership roles. If at national level, policymakers could ensure this, then we can make the most of middle level leadership influence to enhance the design and delivery of SEND services across education, health and social care. At the same time, LAs and other SEND partners can take local level action to make the most of middle level leadership as follows.

The Role Challenge

1. **Clearer Guidance on Middle Leader Roles**: Develop generic job descriptions for DCO and DSCO roles and expectations, with particular emphasis upon to whom they are accountable, scope and boundaries around their role, support for their role, and that aligns expected outcomes across middle level leader roles.
2. **Clearer Accountabilities for Middle Level Leaders:** Align organisational & system accountabilities through identification of appropriate senior line manager & performance objectives of middle level leaders.
3. **Support Middle Level Leaders to Enact Strategic Influence**: Ensure operational issues do not percolate upwards to middle level leaders, through for example ensuring they are supported by Deputies/Assistants to reduce their workload.
4. **Support Middle Level Leaders to Develop Relationships and Networks across the System**: Middle level leaders should be identified with such capabilities in mind and allowed sufficient time and space to do this when starting their roles.

The Organisational Challenge

5. **Position Middle Level Leaders for System Influence:** the key challenge here is for middle level leaders to enact strategic influence. They may be best placed in teams that cross professional and organisational boundaries, for example, across children's services and adult services in a LA, or in an ICB, and/or report into a senior leader that can enact strategic influence.
6. **Co-Locate Middle Level Leaders and Their Teams**: Middle level leaders and their teams might best be co-located, for example, in system level hubs
7. **Cultivating a Shared Culture Across Middle Level Leaders**: Cultivation (rather than top-down management) represents an apt metaphor to engender a receptive culture that is values-based, which focuses upon the needs of the whole child and families, and the adoption of a social model of SEND service delivery.
8. **Align Organisation Strategies Towards SEND Service Improvement**: Engage partner agencies through an emphasis upon SEND as 'everyone's business' to push SEND up the list of priorities, & enact proactive & preventative actions towards SEND service improvement.

The People Management Challenge

9. **Senior Leadership Support:** Senior leaders should empower middle level leaders to enact strategic influence, & at the same time senior leaders should represent a conduit for middle level leaders' upwards influence.
10. **Formal Training**: Use middle level leaders and their SEND expertise that allows them legitimacy to educate other professionals in partner organisations about SEND.
11. **Informal Learning***:* Peer to peer support through communities of practice, across local areas, counter isolation that middle level leaders might feel as lone experts.
12. **Funding & Capacity***:* Invest in middle leadership roles & boost funding for longer-term contracts for middle level leaders to sustain & embed partnership working.

8. References

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What works in SEND

About What Works in SEND

The What Works in SEND programme is part of a programme of work led by the RISE Partnership bringing together thought leaders from the SEND system who have the necessary understanding of system change and specialist knowledge of SEND.

The RISE (Research and Improvement for SEND Excellence) Partnership is led by the Council for Disabled Children in partnership with ISOS Partnership, the National Development Team for inclusion (NDTi) and the University of Warwick. The What Works in SEND programme is led by the University of Warwick research team encompassing three departments relevant to service improvement in SEND: Warwick Business School; Warwick Medical School (Warwick Evidence); and Centre for Research in Intellectual and Developmental Disabilities (CIDD), and delivered in collaboration with colleagues in the RISE Partnership, specifically Isos Partnership and CDC.

Warwick Business School
Warwick Business School has considerable expertise and experience in applied research focused upon public services improvement, encompassing health care, social care and education.

Warwick Medical School
Warwick Medical School has considerable expertise in systematic reviews through Warwick Evidence, which constitutes the second institutional component of the University of Warwick research team. Warwick Evidence (2011–2022) is an established, successful, multidisciplinary, academic technology assessment review team.

Centre for Research in Intellectual and Developmental Disabilities (CIDD)
CIDD is a specialist research-only department in the University of Warwick. CIDD is focused on applied educational and psychological research in the field of special educational needs and disability (SEND) across the lifespan and has a 30+ year history of contribution in this field.

Council for Disabled Children
The Council for Disabled Children (CDC), hosted by the National Children's Bureau (NCB), are sector leaders with an expert senior management team, experienced in working across Government to support decision makers in Education, Health and Care. Our practice teams deliver wide reaching programmes of bespoke intervention in local areas enabling service improvements and system change.

Isos Partnership
Isos Partnership led widely-recognised national research that has explored the enablers of system-wide improvement in local children's services, in the development of local early help offers, the development of effective support for school inclusion, and the development of effective whole-system approaches to SEND.