

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

Key messages

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Overview

This resource sets out some of the headline messages from research carried out by the What Works in SEND researchers at Warwick Business School.

The researchers conducted a deep dive on leadership in the 'middle' in the Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) system. Middle-level leaders are a critical part of the SEND and AP workforce. They take a potentially significant strategic role in supporting partnership working across education, health and social care.

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

Three key challenges were identified regarding shared middle level leadership influence upon SEND systems:

- ✦ **The Role Challenge:** job description and accountability, strategic influence, building relationships and networks.
- ✦ **The Organisational Challenge:** structures, culture, strategy.
- ✦ **The People Management Challenge:** senior leadership support, training and learning, funding and capacity.

Methods

We focused on middle level leadership in five local areas; we call these "deep dive case studies".

We conducted:

- ✦ 37 interviews
- ✦ Focus groups with 35 research participants

Findings

The Role Challenge

Job Description and Accountability

- ✦ As non-statutory roles and with limited national guidance, DCO and DSCO posts have evolved at a local level with considerable variation, including contract types, Local Authority (LA) coverage, 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.
- ✦ 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. Role holders commented on the scarcity of guidance for managing the parameters of the middle level leadership role and addressing specific challenges, such as education, health and care plans (EHCPs). Finally, middle level leaders need to recognise boundaries of their, and other's roles.
- ✦ 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.
- ✦ There were tensions between individual and system accountability. In one local area, the DCO had felt they had not been sufficiently supported by senior health leaders. However, since the emergence of ICBs, and the presence of a strong leader for SEND within the ICB, accountabilities had been strengthened. This was 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.

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 commonly held view amongst middle level leaders was that the ability to be strategic can be hampered by the immediacy of demands at operational level. In these circumstances and facing financial challenges, often leaders focus on immediate demands in their own agencies instead of system challenges.

- ✦ 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. Suggestions included:
 - A more proactive, strategic approach 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.
 - DSCOs having significant status, achieved through appropriate positioning in local areas which partnerships were navigating with differing models for DSCOs.
 - Allowing DSCOs time to drive forward change by having a standalone role and not tagging the role onto the remits of managers of children with disability services.

Building Relationships and Networks

- ✦ Much of the work of middle level leaders involved developing networks and building relationships across partnerships. Middle level leaders characterised this work as time-consuming and particularly intense in the first few months, but important for establishing a strong foundation for partnerships.
- ✦ 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.
- ✦ Time was needed to develop partnerships and understand roles and responsibilities across the partnership. 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.
- ✦ Willingness to understand and acknowledge differences across professional practices within or between agencies was important.
- ✦ 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.

The Organisational Challenge

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. 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 gave them authority, allowing them to fulfil the strategic focus of the role.
- ✦ The positioning of DSCOs could have a strong influence on the ability to escalate challenges and therefore impact their ability to affect change. Where DSCOs were successfully positioned, this 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 SEND¹, whilst also drawing attention to other SEND work, beyond safeguarding.
- ✦ Developing closer networks through physical co-location was also important. For example, in one area, a DCO spent at least some of their time working alongside education colleagues, another DSCO positioned themselves within the team overseeing SEND education services as there was potential for mutual learning between education and social care, another DCO located themselves in LA offices for at least one day a week and set up drop-in sessions for staff across the partnership.
- ✦ One local area developed a hub to bring together middle leaders. The 'hub' structure facilitated middle level leaders to enact shared leadership influence around quality improvement. 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 provided a forum for constructive engagement with PCFs. Bringing professionals and agencies together in such ways mitigated against the 'sole expert' effect, with potential for the distribution and development of SEND expertise.

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.

- ★ 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.
- ★ A particularly notable model of distributing workload, as well as SEND expertise, was a '*community of practice*'. 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).

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.
- ★ 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.
- ★ Language was one aspect of broader cultural indicators affecting understanding and attitudes. One 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. Developing a shared focus on SEND across agencies was therefore key for middle level leaders.
- ★ Middle level leaders commonly sought to cultivate a culture that was values-based and child-centred. Working at the interface of several agencies, one 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.

Organisational Strategies

- ✦ In social care, DSCOs were frustrated by the limited focus SEND received, as safeguarding was prioritised in over-stretched teams. Persuading colleagues to focus on the 'bigger picture', working proactively, preventatively, rather than limit work to strict remits could be a struggle.
- ✦ 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.
 - 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. This was challenging for health colleagues working within an organisation where work tended to fall into clearly defined streams.
- ✦ 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. Regular informal and formal meetings provide opportunities to coordinate work across agencies.

The People Management Challenge

Support from Senior Leadership

- ✦ Whilst middle level leadership roles provide the opportunity for middle leaders to "*float across teams...and 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, encouraging distributed leadership across partnership agencies, driving home the message that SEND is "*everybody's business*" (DSCO).
- ✦ 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. For DCOs, senior leadership support in ICBs could make a significant difference.
- ✦ Middle level leader confidence to escalate issues in the event of these becoming 'stuck' without resolution was also important, for example, receiving supervision from a colleague whose seniority enabled an escalation.

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. 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.
 - Other participants also referred to poor understanding and even fear around SEND as part of an inclusive service.
 - Engaging colleagues in upskilling when they were over-stretched was challenging.
- ★ Interviewees underlined the importance of establishing a programme of training for middle level leaders.
- ★ As well as formal intervention, much of the training/upskilling took place through peer support networks to share experiences and expertise.
 - In some local areas, there were separate DCO and DSCO networks which were useful for networking and sharing knowledge and expertise. In other local areas, middle level leaders formed teams across neighbouring areas to draw on their variable expertise and compensate for the isolation at local partnership level.
 - There were also 'community of practice' events convened by the Council for Disabled Children which were valued forums for discussing challenges and mutual support.
 - Peer support and learning from fellow middle level leaders was particularly helpful through regional networks.

Funding and Capacity

- ★ In some cases, local areas were only making tentative commitments to funding for posts. 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.
- ★ 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 risk burnout.

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

There is a need for the SEND system and its funding 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 managers 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, and enact proactive and 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, and 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 and capacity:** Invest in middle leadership roles & boost funding for longer-term contracts for middle level leaders to sustain & embed partnership working.