“It was tough making sure it happened”: SENCo experience of the reality and risk of education and health care plan implementation

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Abstract

In England, the Special Educational Needs and Disabilities Code of Practice (2015) was heralded as a significant reformation of provision for children and young people with additional and complex learning needs. Effective implementation of the Code requires the key implementers, Special Educational Needs Coordinators (SENCos), to develop and negotiate provision in their settings, to interface with colleagues, families and expert professionals, and to apply for and implement Education and Health Care (EHC) plans for the children and young people with the most complex needs. However, whilst this added to SENCo workload and responsibilities, systemic, resource and dominant discourse challenges remained the same. EHC plans have been described as a microcosm of the wider arena of policy and practice. Studies exploring SENCo perceptions of the enablers and challenges, which has import for commissioners and practitioners, are limited. This article presents part of a mixedmethods study which examined SENCo perceptions of the salient external and internal influences on EHC plan implementation. Integration of the analysed data sets uncovered themes related to purpose, support, communities of learning, and relationships. Key recommendations, whose enactment would support and develop SENCos, so they in turn can best promote the learning, development, wellbeing and inclusion of children and young people with SEND, and their families, are made. This article closes by proposing that the need for a professional information hub and support mechanisms for SENCos has never been greater

Keywords: Special Educational Needs Coordinator, special educational needs and disability, education and health care plans, EHC, support for SENCos

Introduction and Rationale

The role of Special Educational Needs Co-ordinators (SENCos) in England is to co-ordinate the identification, assessment, and provision of support for children and young people with special educational needs and disabilities (SEND) within educational settings. This includes implementing Education, Health and Care (EHC) plans, legal documents setting out the resources necessary to meet the needs of children and young people with significant and complex additional needs (Children and Families Act, 2014). EHC plans, introduced in the Special Educational Needs and Disability (SEND) Code of Practice (DfE and DoH, 2015), added to the already considerable work and responsibilities of SENCos (Curran et al., 2017; DfE, 2017b; Hellawell, 2016). However, differences in SENCo qualifications and experience, and how the role is defined and operationalised by settings, mean SENCos carry out their responsibilities, including applying for and implementing EHC plans, with varying levels of power and influence (Dobson, 2019; House of Commons Education Committee, 2019b; Johnson et al., 2017). That is, while settings are required by statute to designate a member of staff as having responsibility for co-ordinating the provision for pupils with SEND (Children and Families Act, 2014 part 3, section 67(2)), the use of the modal verb "*may*" (Children and Families Act, 2014 part 3 section 67 (3)) creates both flexibility and disparities in the SENCo role.

This is pertinent because in England, SENCos and their settings are also operating in a context of

financial cutbacks and increasingly fragmented provision (Brundrett, 2016), where potentially conflicting ideals such as increased parental choice and voice (Lamb, 2009), better outcomes for children and families (Children and Families Act, 2014), improved multi-agency co-ordination (DfE & DoH, 2015) and budgetary efficiency (Veck, 2014) coexist. This results in challenges which must be met in complex working environments, notwithstanding the need for advocacy for SEND, which has increased due to the challenges providing for vulnerable children and young people during the pandemic (Clarke & Done, 2021). This study examined the implementation of EHC plans, described as a microcosm of the wider arena of policy and practice (Hellawell, 2017), as a means of identifying challenges and influences to the working practices of SENCos, since they are the principle advocates and implementers of SEND provision. Although several studies have investigated aspects of EHC plan implementation (for example, Boesley & Crane, 2018; Cochrane & Soni, 2020; Sales & Vincent, 2018) few have investigated SENCo perspectives of the salient external and internal influences on EHC plan implementation. The findings of this research identified enablers and challenges to EHC plan implementation, and it is suggested that enactment of the recommendations informed by these findings will address some of the challenges of implementing EHC plans and support SENCos to develop their practice. It is also suggested that although this detail was obtained from pre-pandemic research, the significant issues relating to provision for children and young people with EHC plans and increased challenges for SENCos that have been experienced, mean that the need for a professional information hub and support mechanisms for SENCos has never been greater.

Literature review

The four core responsibilities identified in the SENCo National Standards (TTA, 1998),1 capture many of the purposes and duties of the SENCo role (Mackenzie, 2013). The SEND Code of Practice (DfE and DoH, 2015) highlighted these by suggesting SENCos have an important role to play in determining the strategic development of SEN policy and provision (section 6.87), with advising on how delegated budgets and other resources are deployed (section 6.90), and with working with head teachers and governors to ensure schools and settings meets their responsibilities under the Equality Act 2010 (section 6.90). Additionally, whilst strong emphasis is placed on the role of responsibilities of teachers, SENCos are identified as central to the implementation of EHC plans, including collating evidence, liaising with professionals and agencies beyond their setting and co-ordinating provision within their setting,

In England, EHC plans are intended to provide access to integrated provision, as identified in the Children and Families Act, 2014 (Part 3). An EHC plan application is needed where the educational provision for a child requires funding and provision that cannot be met solely by their educational setting. Two terms of detailed evidence and advice from a range of partners, for

example, educational psychologists, speech and language therapists and paediatricians, are required for an application. However, differences in interpreting and applying legislation, individual professional practices and the ability of parents to advocate on behalf of their child can lead to inconsistencies (Sales & Vincent, 2018). Therefore, whilst some families have found the EHC plan needs assessment very empowering (Scott, 2016), variations in experiences of the needs assessment and planning process and the resultant EHC plan is the reality of many others (Adams et al., 2017; Sales & Vincent, 2018). This is due to factors including the financial constraints many professions operate under (Sales & Vincent, 2018), the significant administration and bureaucracy tasks entailed in applying for an EHC plan (House of Commons Education Committee, 2018, 2019a, 2019b) and delays obtaining evidence meaning the 20 week cut-off period is often missed (DfE, 2017b), all of which mean many families are still having to battle for necessary resources (Arnold & Hoskin, 2021). Additionally, the literature reveals that children who do not meet the threshold for an EHC plan, for example, those with social and emotional and mental health needs, struggle to get their needs recognised and met (Boesley & Crane, 2018). It also reveals that many early years providers are still reliant on the support from Area SENCos, who are constrained in the amount of help they are able to offer (Griggs & Bussard, 2017), that only 32% of EHC plans were felt to accurately reflect and help to address the needs of pupils with SEND (Hall & Mulholland, 2018), and that EHC plans still do not guarantee that the services identified are provided (Tickle, 2017).

There is therefore a paradox. Policy that promotes joined-up support for children and young people with SEND is set amidst a reality of decreased availability of resources and support, with the result that SENCos are simultaneously increasingly responsible and more isolated (Curran & Boddison, 2021). This state of affairs can be attributed to the existence of "*aporia*" (p. 31) or contradictory imperatives, for example, the contradiction between efficiency and effectiveness (Pearson, 2010). It can also be argued that SEND has traditionally been viewed as being of less importance than other areas of education (Social Mobility and Child Poverty Commission, 2014), and the focus on inclusion and improved aspirations and outcomes for pupils with SEND can be viewed as being in direct conflict with other areas of education, such as the standards agenda and economic competitiveness (Lehane, 2016).

Settings undeniably vary in how they enact and support the SENCo role. For example: they may include SENCos in the senior leadership team or not (DfE, 2018; Gedge, 2018); they may combine the role with extensive class teaching roles or not; they may allocate considerable time and support staff to the SENCo or not; and they may or may not combine the role with other positions, such as that of subject, phase or safeguarding lead or not (Mackenzie, 2007). Despite policy suggesting SENCos will be most effective if they are part of the school leadership team

(SEND Code of Practice, DfE & DoH, 2015, section 6.87), failure to ensure this in statute means that in many cases, enactment at the operational level persists (Curran & Boddison, 2021; Dobson, 2019; Hellawell, 2015). Indeed, the majority of SENCos are still not responsible for strategic change as they are not contractually bound by being employed on the leadership scale (Curran, 2019; Dobson, 2019), meaning development and input at this level has been limited. This has implications for the ability of SENCos in this position to meet the responsibilities and negotiations inherent in EHC plan assessments, applications and implementation, since employment status has implications for their power, status and so actions.

Differences also exist in how SENCos themselves are equipped for the role. Those working in maintained settings must hold qualified teacher status (graduate and postgraduate level) and must complete the Master's level mandatory National Award in Special Educational Needs Co-ordination (NASENCo) within three years of taking up the post. In contrast, those working in private, voluntary and independent (PVI) early years (EY) settings are only required to be trained to a level commensurate to the English Alevel, or secondary school leavers level (DCSF, 2008; DfE, 2017a) and although Early Years SENCo Awards are being created to address this discrepancy (NASEN, 2018; DfE, 2022), continued professional development for those operating in PVI settings is still optional and variable (Griggs & Bussard, 2017). Additionally, SENCos may work in settings where a few or many children with SEND attend and they may have been in post for anything between a few months or many years (Gedge, 2018), meaning levels of experience also vary. Added to this, the expectations of parents and other setting staff can be considerable, though there may be a gap between these and SENCos' own perceptions of their knowledge and skills (Cochrane & Soni, 2020). Furthermore, despite the need for training and culture change being recognised (House of Commons Education Committee, 2018; Lamb & Blandford, 2017), England's financial and market-driven context reduced the resources available to address these (Hellawell, 2017; House of Commons Education Committee, 2019a), with the resourcing available to Local Authorities known to be too limited to successfully operationalise many aspects of the policy (House of Commons Education Committee, 2018, 2020; National Audit Office, 2019). Disparities in the status, power or tools available to assist SENCos to realise optimum EHC plan implementation therefore exist, with lockdown further exacerbating pre-existing systemic inequalities in enactment and provision across the country (Daniels et al., 2020; DfE, 2020).

Perceptions of higher status lead to increased respect, trust, co-operation and enactment (Cameron and Lindqvist, 2014; Glazzard et al., 2015), as well as to increased agency in multi-disciplinary working (Levinson et al., 2009; Messenger, 2013). For that reason, the status and identity of SENCos significantly contributes to how they develop the knowledge, understanding and practice

in their settings and so how they meet the needs of children and young people with SEND. Personal identity contributes to the performance of professional roles (Ball & Goodson, 1985; Geijsel & Meijers, 2005) because it informs the way professionals construe and construct their work (Kelchtermans, 1993; Stronach et al., 2002). Erikson (1959) considered that identity development involves progress from an actual or real identity, towards an ideal identity. This links with Callero's (1985) idea of role-identity salience, with close alignment between the two facilitating wellbeing. Adoniou (2016) investigated the match or mismatch between practice/work and ethos/approach, finding that teachers, in keeping with other professions where caring is central, can experience conflicts between their work and their values and identity. This is certainly true for SENCos, who can experience feelings of frustration and guilt at not being able to provide all of the support children and young people with SEND need (Curran et al., 2017). This is because they are motivated by outward-facing factors such as inclusion and high-quality provision, rather than inward-facing factors such as educational and professional development and status (Dobson & Douglas, 2020). However, SENCos can also be personally affected by individual cases, including experiencing stress and emotions as part of the role (Mackenzie, 2012), as they can be caught between children and their families, and between processes and structures.

Such experiences and conflicts only increased during the pandemic. Questions about how SENCos were involved in Covid-19 responses and post-pandemic planning exist (Daniels et al., 2020; Wedell, 2020), and it is reported they prioritised advocacy for support for children and young people with SEND, and their families, due to risks of increased marginalisation (Armitage & Nellums, 2021; Clarke & Done, 2021). Many practitioners working with children and young people with SEND have found the pandemic personally and professionally difficult, but have "*gone the extra mile*" to provide support, sometimes to their own detriment (CQC & Ofsted, 2020). However, mitigating the challenges with emotional effort is a hard balance to maintain (Kruml & Geddes, 2000), and requires particular emotional qualities (Mackenzie, 2012) – a reality that needs to be recognised considering the personal and emotional aspects of SENCo work can be unseen (Williams, 2013), unrecognised and undervalued.

New and increased demands created by the pandemic created additional challenges, for example, responding to national guidance, conducting risk assessments (DfE, 2020), digital challenges linked to accessibility issues, and increased child mental health, wellbeing and family support needs (Gov.uk, 2021; SEN Policy Forum, 2021). This meant that although EHC plans set out the support required, the severe challenges of lockdown meant in reality the children and young people with the most complex difficulties were least likely to benefit from distance learning solutions (UNESCO, 2020) and were less likely to take up the places retained for them due to

medical, transport, staffing and part-time timetable issues (CQC & Ofsted, 2020). SENCos certainly reveal increased challenges for SEN provision and differentiation, with 72% of those surveyed in the National SENCo Workforce Survey (2020) reporting challenges in providing support for children and young people with EHC plans. This means EHC plan implementation, that was sometimes limited prior to the pandemic (Boesley & Crane, 2018; House of Commons Education Committee 2019b), has experienced additional challenges.

Although previous studies identify outcomes of the process of applying for and implementing EHC plans, there is a lack of evidence in the literature about what enables and challenges this from the perspective of SENCos. By accessing the lived-experience of EHC plan enactment, a key area of SENCo work, this study adds new detail to the body of knowledge about SENCo identity and praxis.

Research design

This study aimed to discover the influences SENCos themselves recognise as significant for their work with children and young people with SEND and their families by focussing on their individual experiences of EHC plan implementation. It did this by investigating the research question "*What do SENCos perceive to be the key positive and/or negative influences on the implementation of EHC plans?"* Ethical guidelines were consulted throughout the design and during data collection (BERA, 2018; ESCR, 2016) to ensure the study both adhered to ethical standards and had considered potential issues such as the negative impact of time taken out from role by participants to take part (mitigated against by arranging all interviews at a time and place most convenient for the participants) or the footprint created by reflecting on actions and feelings which could possibly have changed participant perspectives. The General Data Protection Regulations (GDPR, 2018) and the Data Protection Act, 2018 were also consulted to ensure compliance.

Following a pilot study, a database identifying settings with three or more children with EHC plans in a West Midlands County was created, then gatekeepers were consulted before SENCos were invited to participate. Eight SENCos working in Early Years PVI settings were recruited through either direct contact or snowball sampling and seven SENCos working in primary school settings were recruited through direct contact. Biographical details of participants can be seen in Table 1:

Table 1. Participant biographical details.

Participant Code	Senior Leadership Team (SLT)	Qualified Teacher Status (QTS)/training level	Years as a SENCo	Achieved the National SENCo Award (NASENCo)
EY1	Yes	Level 3	3-10 years	No
EY2	Yes	Level 6 (ECPP)	< 3 years	No
EY3	Yes	Level 5	3-10 years	No
EY4	Yes	QTS	10+ years	No
EY5	Yes	QTS	20+ years	No
EY6	Yes	Level 3	3-10 years	No
EY7	No	Level 3	< 3 years	No
EY8	No	Level 3	3-10 years	No
P1	Yes	QTS	3-10 years	Yes (2009)
P2	Yes	QTS	< 3 years	Yes (2017)
P3	No	QTS	3-10 Years	No
P4	Yes	QTS	20+ years	No
P5	Yes	QTS	< 3 years	Yes (2017)
P6	Yes	QTS	< 3 years	No
P7	Yes	QTS	10+ years	Yes (2009)

Fifteen SENCos therefore participated in the main study, which took place between June 2017 and February 2018. Mixed-methods were used to explore SENCo experiences and perceptions of EHC plan implementation. Mixed-methods enables different aspects of the same phenomenon to be captured, so increasing the understanding and strengthening the rigour of the data collection (Denzin, 1978). Using different methods also enables complex and potentially interrelated issues and concerns to emerge (Hesse-Biber & Leavy, 2010; Morgan, 2014). In this study, descriptive methods allowed the research to listen to and value lived-experience by accessing participant voices, whilst numerical methods allowed the inter-participant and intra-participant perceptions to be explored by identifying the significance of influences. The sources of data used in this research are worklines (descriptive), critical event narrative interviews (descriptive), individual repertory grids (descriptive and numerical) and group repertory grids (numerical). Figure 1 illustrates the data methods used, and information each collected about SENCo experience of EHC plan implementation:

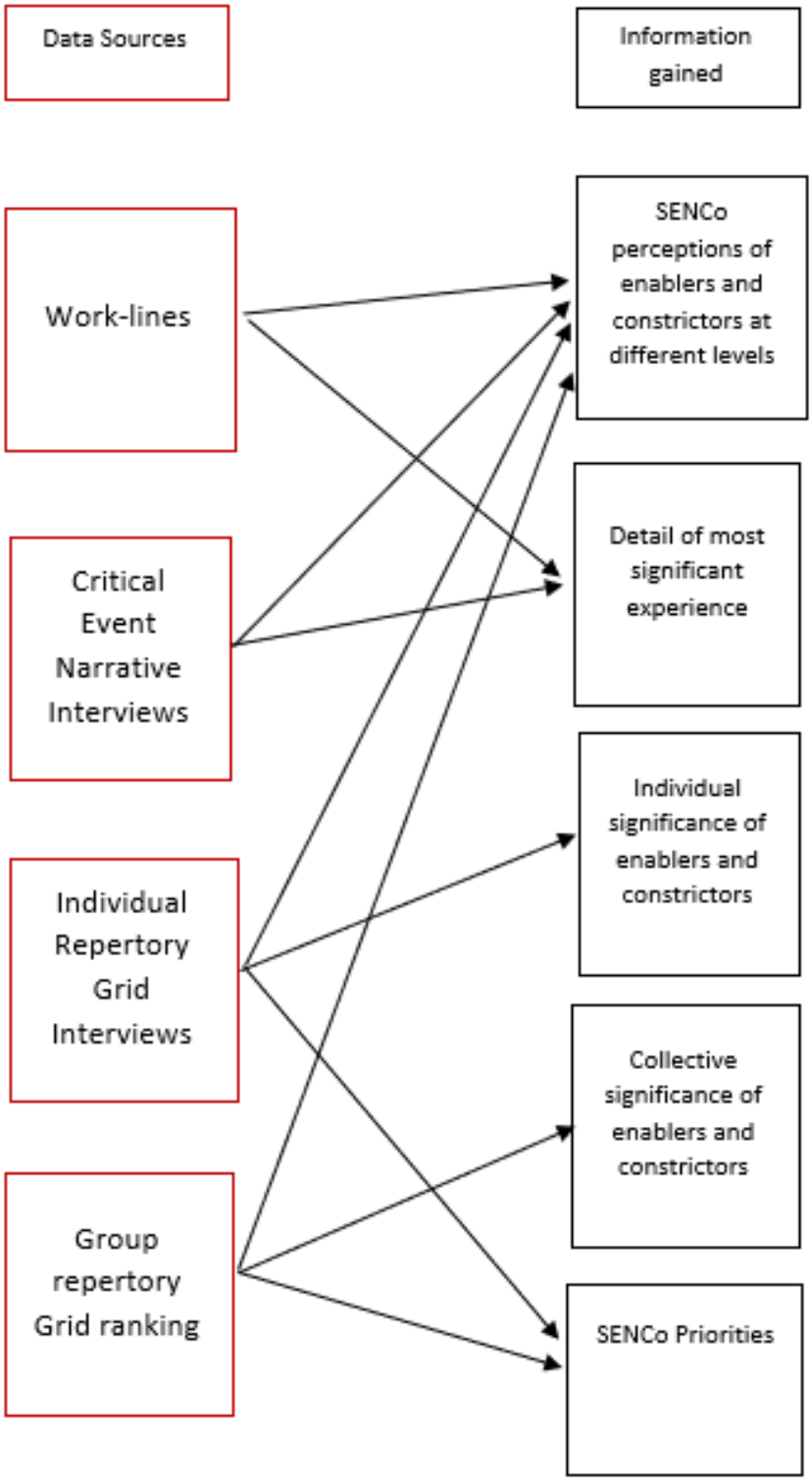

Figure 1. Visual model of data collection methods and information gained about SENCo perceptions of EHC plan implementation from each data collection tool.

Critical event narrative inquiry is concerned with events or situations which mark a significant point or change in 'the life of a person or an institution…or … social phenomenon' (Tripp, 2012,

p.24). Work-lines (Day et al., 2006) are a data collection tool that can capture such critical events or turning points. Participants therefore completed work-lines as a pre-interview task, drawing a line on their chart which represented their positive and challenging experiences of EHC plan implementation. An example of a completed work-line can be seen in Figure 2:

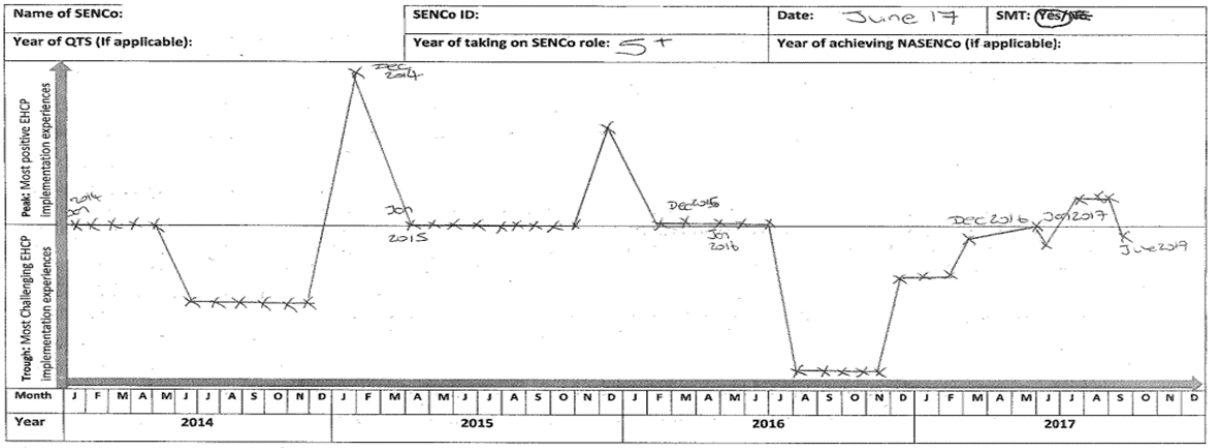

Figure 2. Completed work-line, illustrating the peaks and troughs in EY3's experience of implementing EHC plans.

This enabled participants to identify the event they regarded as most significant to their practice. This event was then explored in detail with participants in individual critical event narrative interviews (Webster & Mertova, 2007), then the transcripts were coded using content analysis (Silverman, 2011).

A second interview was conducted to complete an individual repertory grid for each participant. Developed from the personal construct theory of Kelly (1955), repertory grid technique allows researchers to gain understanding of how individuals construe their world (Jankowicz, 2004). In this technique the dimensions used by the participants themselves to describe how they work effectively must be identified by individuals themselves, rather than being imposed by the researcher or gleaned from the literature. Repertory grid technique can therefore provide insight into the thought processes and perceptions of others and help us to understand aspects of their situation, concerns, and likely actions and reactions. A repertory grid consists of three main components: elements, constructs, and ratings. Five elements, representing SENCo identities and perceptions of effective and ineffective professional practice, were used in this research:

Myself as a SENCo now.

A professional who has been helpful with EHCP implementation.

A professional who has not been helpful with EHCP implementation.

The kind of SENCo I would like to be.

The SENCo I would not like to be.

These elements were compared and contrasted with each other in the individual repertory grid interviews to identify participant constructions of their EHCP implementation experience. Then finally, the elements were rated, on a scale of 0–5 according to how closely linked they were to each construct (Kington et al., 2014). The individual repertory grids were analysed numerically to reveal the relationships between the constructs and elements using Gridsuite software (Fromm & Paschelke, 2011). Ideographic analysis (Brophy et al., 2003; Fransella, 1988; Kington et al., 2014) was also used. In this process, two analysers (the researcher and an academic familiar with the process) sorted and grouped all elicited constructs into overarching themes reflecting the main influences participants felt contributed to their effective practice.

In the third and final data collection phase, each participant ranked the 21 salient constructs revealed by idiographic analysis in order of the importance each held for them. These rankings were then analysed using means to identify their place or priority from a scale of 1 (= very high priority) to 21 (= low priority). Finally, network analysis (Vera & Schupp, 2006) was used alongside the conceptual framework to integrate the different analyses, a process which revealed the key influences.

Findings

Findings and results are presented by research method, with participants denoted by phase (EY or P) followed by a number, for example, EY1, P4.

Work lines and Critical Event Narrative Interviews

The work lines revealed two main findings. The first was the difficulty SENCos experienced securing information about EHC plan implementation when they were first introduced. This was due to challenges accessing personnel who might hold this information, and because the information held by such personnel was incomplete and/or inconsistent. The second finding coincided with the privatisation of the support services in the West Midlands County this study took place in, which had implications for how settings secured support. This meant that the Area SENCo service, provided for, and valued by, SENCos working in EY settings (but not primary settings), was reduced, as was the provision of training. Participants perceived that these two findings had contributed to a high turnover in case-worker personnel. This turnover meant caseworker experience and knowledge, including of what different local settings, for example, specialist bases, provided, was lost as were previously established working relations. Four main themes developed from analysis of the critical event narrative interviews.

The first was concerned with the evidence required to apply for and secure an EHC plan.

Participants identified that securing this evidence from personnel external to the setting required "*perseverance*" and "*chasing*" (P3) and that "*it was tough making sure it happened*" (EY8). Evidence needed from settings was easier to obtain when systems for collection were embedded in routine practice. Issues with the quality and wording of evidence were also identified, meaning that EHC plans ranged from being "*really helpful documents*" that "*identify needs, set targets and support progress*", to those described as "*woolly – could have been written about anyone*" (P7).

The second theme identified challenges with multi-agency work, including difficulties accessing advice and support from other professionals. This was due to the capacity and priorities of their service, which affected timings, with EY1 stating: "*it takes quite a while to get the report or the summary from them*". It was also due to different schedules and working practices that meant the times available for SENCos to liaise, which were often at the beginning and end of the day if they were teaching, were not always compatible with the times available to other professionals. Multi-agency liaison was often a new experience for participants, with P6, who was in her first year as a SENCo, describing the challenge of this:

> *You deal with children day in, day out and parents at the end of the day and on parents' evening and things. But it's not the telephone calls and dealing with professionals. You don't tend to do that in the classroom … Give me five thousand children, no problem. Put somebody on a telephone that you're not quite sure what you're asking or what the answer's going to be is quite anxiety provoking for me … . I felt guilty being on the telephone during the school day. Because when I was a teacher, if you had to make phone calls you did it before 8:45, between twelve and 1, or at 3*. (P6)

In contrast, SENCos who had worked for longer demonstrated they had learned the skills of negotiating and communicating with other professionals. This included persisting and having confidence in their own knowledge and skills: "*If I have something urgent now I phone up and I check, and they just know … to give in to me in the end … You learn how the system works*" (P7), with the data suggesting liaison involved relationships and contacts:

> *Once my contact base grew I got a really good relationship … I'm always going, "Have you got any resources on … " I was forever ringing somebody, you've got to pick people's brains.* (P5)

A third theme was concerned with the backing settings provide for their SENCo, manifested in time and resources allocated to the role, size of workload, and the assistance SENCos received from their setting colleagues. SENCos with dedicated roles felt they had been allocated sufficient time for the role (P1 and P6). However, all other SENCos felt the role needed a lot more time than had been allocated (N = 13). For instance, P2 commented: "*My allocated SENCo time is three days a week. It takes more than three days a week, a lot more than three days a week*".

Many participants (N = 11) were therefore supplementing their allocated hours by using time from their other responsibilities, by working extra hours, or by taking much of the work home. Although some participants felt combining the SENCo role with teaching brought challenges (for instance, meeting deadlines), others felt that being involved with teaching had advantages, including:

- being realistic about the demands for evidence and implementation put on other staff;
- having hands-on teaching experience of children who need an EHC plan; and
- having some time away from the SENCo work, which can be intense and emotionally draining, because "*you need the practicalities of teaching and immersing yourself in that to sort of lose yourself sometimes*" (P6).

Five EY and all primary phase participants were combining the SENCo role with other nonteaching roles, such as safeguarding officer or key-stage leader. Combining it with such roles was felt to be advantageous because each role complemented and supported the work of the other. However, SENCos working in EY commented about the impact time constraints had on their ability to "*do more things with it [the role]"* (EY7), and that these time constraints limited their opportunities to "*upskill themselves*" (EY5). Managing the workload involved with EHC plan implementation was identified as a significant part of the role, being mentioned specifically by the more recently appointed SENCos (EY1, EY2, EY7, P2, P5, and P6). P5 described her realisation of this: "*the size of the role is huge and I think the enormity hit me when I first took it on, I was like a cat in headlights*". Managing this required self-awareness and the help of others, "*otherwise you'll run yourself into the ground*" (P5). The need for sources of support for SENCos, both external and internal to settings is the fourth theme. External agencies and personnel they had received support from were identified, though this had been reduced and disrupted following privatisation. For example, EY7 stated "*I had this lady as a backup to help me improve. The funding's gone now and there isn't that person. I don't think I'll probably get the same relationship with what I had with that lady*". SENCos working in EYs benefitted from the oversight of an Area SENCo, including representation and the Pre-School Forum (a multi-disciplinary panel that discusses and clarifies the nature of a child's SEND, identifies and plans for children who may need extra early years provision, and identifies those children with severe and complex SEND who may require an EHC plan or extra support when they start school). The reduction in Area SENCo support for early years, that had happened in the study County was viewed negatively, resulting in a situation where SENCos working in EYs "*haven't had the support that possibly they need*" (EY4) and "*because of funding, we haven't got anyone we can ask*" (EY7). This situation was similar in the primary phase. PY3 stated "*some of the support that*

was available doesn't seem to be there now because everything has been outsourced", though in contrast to those working in EY, SENCos in this phase were accessing support through informal support mechanisms involving their SENCo and National Award in Special Educational Needs Co-ordination (NASENCo) peers. Support internal to settings depended on the ethos and attitudes of settings and individuals with participants identifying that leadership led this. For example, PY4 stated "*the SLT [Senior Leadership Team] helped out"* and PY1 said "*The Head is very good at saying – that's not my area of expertise, that's yours – tell me why, prove to me, and if I could prove it, it would happen*", though three participants had moved from settings where such support had been lacking.

Individual repertory grid interviews

Numerical analysis of the ratings in each individual repertory grid interview was conducted using the software. Constructs revealed to have a Cluster Analysis score of higher than 70% were then examined. This revealed ten influences participants considered to be most helpful for EHC plan implementation. These are: effective communication and liaison; confidence; contact; evidence; holistic support; knowledge and training; outcomes; passion and commitment; process knowledge and support. Detail about how each of these were construed is provided in Table 2:

Table 2. Influences revealed by Construct Analysis of individual repertory grids.

Influence	**Detail**
Effective communication and liaison	Assisted by professional working relationships, when the communication is two-way and when the views of SENCos are listened to and respected.
Confidence	Experience and good levels of understanding gives confidence both to challenge, and suggest different ways of meeting a child's needs. When SENCos do not feel confident, they are less likely to challenge, persevere, or innovate.
Contact	Helps establish relationships with children and their families, develops personal knowledge of individual children and their circumstances, and allows assessments to be built on regular opportunities to try out and implement things on a day-to-day basis.
Evidence	Must be robust and enable specific needs to be identified, progress to be monitored and appropriate steps of development to be identified.
Holistic Support	Requires a broad, rather than a narrow view of appropriate support and outcomes.

Influence	Detail
Knowledge and training	Knowledge and experience of both SEND and developmental norms is needed. Such knowledge comes from both formal learning and time spent observing and getting to know children and young people and their families.
Outcomes	SENCos want to do the best for the children in their care, and their wellbeing was very important to them.
Passion and Commitment	SENCos are committed to and supportive of, the children in their care. People, rather than systems, are their main concern, but this requires them to be committed and go '*beyond what is expected'* (PY-2).
Process Knowledge	Knowledge of current practice, processes and provision is needed. Knowledge of which steps to take and when, and of what other services and settings can provide, helps SENCos to apply, provide and plan for a child's current and future needs more effectively.
Support	Support with EHC plans is needed. This needs to be accessible and consistent, but such support can be specialised, so also needs to come from sources outside their workplace.

Descriptive or ideographic analysis was then conducted. The 300 elicited constructs were sorted and grouped, resulting in four overarching themes which reflected participant perceptions of the most important influences on effective EHC plan implementation. These are: the commitment and purpose of SENCos; the importance of contact; the knowledge and skills needed; and support (see Table 3)

Table 3. Detail of influences that contribute to effective EHC plan implementation.

Commitment and Purpose:	Children make appropriate progress; robust, appropriate evidence is collated; the child is central to the whole process; SENCo is committed to, and has passion for, the role.
Contact:	Helps establish good relationships with families; allows time to be spent with children.
Knowledge and Skills:	Knowledge of each individual child; receiving and giving training; good knowledge of SEND and development; good communication skills; having a holistic view; good process knowledge; knowledge of SEND and the EHC plan process.
Support:	Dedicated time for the role; setting provides resources; realistic workload; good work-

life balance; professional team is informed and respectful; advice and information support is available for SENCos; SENCos give caring support.

There was, therefore, some overlap between the findings and results obtained from the different data sets. These SENCo participants had experienced difficulties accessing advice and support from the multi-agency team, with this perceived to be more challenging since privatisation. This had implications for the collation and securing of evidence, which required perseverance on the part of the SENCo. It also had implications for the implementation of the EHC plan itself and for support SENCos themselves could access. Backing provided by settings links to this, in that the time and resources provided by the setting, including the arrangements held with the different agencies, and how the workload of the SENCo was viewed and shared by the setting and colleagues, influenced the practice of individual SENCos. Ranking of the 21 sub-themes (Table 3) contributing to these influences was then conducted to reveal how important these were considered to be for effective EHC plan implementation by SENCos as a group.

Group repertory grid ranking

In this task, participants ranked the constructs contained in Table 2 from 1 (most important) to 21 (least important) in order of the value they held for them. Calculation of the mean rankings revealed high consensus between SENCos that "*the child is central to the whole process*" (Mean=3.79) and that "*knowledge of each individual child*" is important (Mean=4.36). There was also high consistency in ranking "*realistic workload*" (Mean=18) and "*good work-life balance*" (Mean=19.71) as their lowest priorities (see Table 4, below).

Table 4. Two highest and two lowest constructs as ranked in group repertory grid task.

Construct	MEAN - Both (Early years and Primary)	Standard Deviation - Both (Early years and Primary)	MEAN- Early years	Standard Deviation - Early years	MEAN - Primary	Standard Deviation - Primary
Child is central to whole process	O3.79	03.23	02.43	01.99	05.14	03.80
Knowledge of individual children	04.36	03.76	06.29	04.50	02.43	01.40
Realistic workload	18.00	02.39	18.57	00.98	17.43	03.26
Good-work-life balance	19.71	01.44	19.86	01.07	19.57	01.81

This revealed that these participants prioritised individual children well above their own wellbeing, which they ranked lowest. Although based on a small number of participants (15), these results are noteworthy. Despite some difference between the Early Years and Primary SENCos, both juxtaposed the demands and constraints inherent to the role with a clear sense of purpose: that is, a child-centred approach that prioritised personalised support.

Discussion

The findings and results of this study, which investigated SENCo experience of EHC plan implementation, expose valuable detail about SENCo perceptions and priorities. Central to the intention behind EHC plans was the integration of different services to best meet the needs of children and young people with complex needs, requiring SENCos to liaise with professionals and agencies beyond their settings so as to secure the necessary assessments, guidance and provision (DfE and DoH, 2015). This study reveals difficulties accessing such multi-agency professionals, and that arranging the assessments and collating reports, evidence and advice from them in a timely manner was not a straightforward process. Differences between evidence that was robust, carefully worded and that enabled specific needs to be identified, progress to be monitored and appropriate steps of development to be identified, and evidence that was less precise and useful was evident in the data. This coheres with Vivash and Morgan (2019) who found the advice produced often continues to set out "what to do" rather than "how to do it", and with Cochrane and Soni (2020) who report variability in EHC plan quality, though the need to strengthen the guidance in the Code of Practice on SEN support to provide greater clarity over how children should be supported is recognised (House of Commons Education Committee, 2020, recommendation 17, p11). Participants therefore described needing to be determined and to persevere. This needs confidence. It also requires good communication and liaison skills which participants felt were assisted by professional working relationships, though many of these had been disrupted by staff changes precipitated by economic and organisational changes. Participants also recognised that their views needed to be listened to and respected so that communication was two-way, though this was not always their experience, a finding which provides evidence of the link between status and agency in multi-disciplinary working (Levinson et al., 2009; Messenger, 2013).

SENCos sometimes need to challenge and suggest different ways of meeting a child's needs. This also needs confidence, which participants in this study felt was developed through experience and good levels of understanding, though they identified that when they did not feel confident they were less likely to challenge, persevere, or innovate. Whilst the need for knowledge of SEND, of development "norms", and of current practice and processes was recognised (including of which steps to take and when, and of what other services and settings can provide, since this helps SENCos to apply, provide and plan for a child's current and future needs more effectively), significant variations in training and experience existed in this group of participants. This means they are operationalising EHC plans from different standpoints, which is reflected by the literature (DCSF, 2008; DfE, 2017a; Griggs & Bussard, 2017; House of Commons Education Committee 2019). The participants in this study recognised this variation, and identified their appreciation

and need of accessible, consistent information and support as one means of meeting these differences. They also perceived that knowledge of SEND, development, practices and process comes from both formal learning and time spent getting to know children and young people and their families. This means that even those with considerable training are reliant on experience, which in turn depends on the number of children with SEND attending the setting (Gedge, 2018; Smith et al., 2014).

Person-centred care is also central to EHC plans (Children and Families Act, 2014; Lamb, 2009). The participants in this study prioritised knowledge of individual children and their circumstances. Whilst they valued specialist knowledge and advice, they recognised that the contact settings and staff have with children and their families helps establish relationships and allow assessments to be built on regular opportunities to try out and implement things on a day-to-day basis in familiar settings with familiar personnel. They recognised that a holistic, individualised approach is enabled by such information and that this, rather than a narrow view of appropriate support and outcomes, enabled children to make progress appropriate to them as individuals, which is in line with other research findings (Rochford 2016; O'Dwyer, 2018).

SENCos want to do the best for the children in their care, whose wellbeing is very important to them. They value a child-centred approach that prioritises holistic, personalised, caring support and favourable outcomes for children and young people with SEND. This coheres with the deep cultural view identified by Corbett (2001), Emanuelsson (2001), Hargreaves and Shirley (2012), and Mackenzie (2013). People, rather than systems, are their main concern. However, the size of their workload means that effective realisation of this can come at the expense of their own work-life balance. Whilst this strong sense of commitment and passion is admirable, the fact the needs of children and young people and their families were so clearly placed above realistic workloads and good work-life balances may have implications for maintaining the resilience and energy needed for the role (Curran & Boddison, 2021). The increased workload is, in fact, known by the government (House of Commons Education Committee, 2018, p. 2019). So is the fact that the resourcing available is too limited to successfully operationalise many aspects of the policy (House of Commons Education Committee, 2020; National Audit Office, 2019).

The realities of professional life, such as high levels of stress and workload, can impact on personal lives (Day, Kington, et al., 2006). In professions where caring is central, cutbacks and neoliberal systems can place demands on practitioners that conflict with their values and identity. Hochschild (1983) recognises that emotional labour carries a risk of burnout (Kruml & Geddes, 2000; Williams, 2013). Whilst this study revealed that the participants placed the needs of children and young people and their families above their own workloads and work-life balance, it also revealed a strong theme of passion and commitment to the role, suggesting that the negative

impacts are being offset by emotional effort. Although, on the one hand, this can be admired, it is also a cause for concern. Other professions, where caring is central, have bodies and organisations that act as information and support hubs and the professionals themselves access clinical supervision, reflection and debriefing as mechanisms to support the practitioners and enhance practice. However, such provision is only available on an informal basis for SENCos. This is a deeply concerning situation, especially when combined with recent findings of increased emotional need in children with SEND (Gov.uk, 2021), and that only as few as a third of SENCos intend to remain in the role in five years' time (Curran & Boddison, 2021).

It is recognised these findings are not unique to EHC plan implementation, SENCo practice, or England. Neither are challenges involved with the collation of information that fully informs intervention and support; the need for accessible, consistent information and support for workers; the balance between specialist and "everyday" knowledge; the challenge of workloads and the effects of emotionally challenging work, as they are characteristic of much professional practice. It is also recognised that limitations of this study exist, including the small number participants, and that whilst these participants ranked children before themselves, this may not necessarily reflect what is happening in practice. It is therefore suggested that a larger scale study, perhaps exploring whatever iteration of EHC plans emerge from the imminent SEND reforms, will build on the understanding gained from this study

Recommendations and conclusion

EHC plans are legal documents that serve to support children and young people with the most complex SEND. This study explored SENCo experiences of EHC plan implementation, as a microcosm of English SEND policy and practice. It accessed the perceptions of SENCos, to produce detail about their experiences of implementing EHC plans, including key influences that the participants in this study perceived affected their implementation of EHC plans:

- Difficulties accessing the multi-agency team mean that collating evidence for EHC plans requires SENCos to be determined and persevere. This needs confidence. It also involves effective communication and liaison skills. It is therefore important that SENCo agency, confidence, and communication and liaison skills be included in SENCo training and Continued Professional Development (CPD) packages.

- SENCos recognise that knowledge of SEND, development and processes assist with EHC plan implementation. However, variations in their training and experience mean they are operationalising EHC plans from different levels. Related to this, participants in this study identified their appreciation of, and need for, accessible, consistent information and

support. This need could be met by central accessible information and a support resource that should include support with EHC plan application systems, and that is compatible with SENCo work patterns. Such a resource would assist SENCos in their work and could, in part, address the inconsistencies in status, knowledge, experience that persist. .

- Differences between evidence that is robust and carefully worded, or not, is a factor contributing to the variation in EHC plan quality, including how clearly specific needs, steps to be taken and progress are identified. This is something SENCos can influence, and settings that provided support in terms of embedded evidence collection systems, status, and resources such as time and personnel to assist SENCos with the considerable EHC plan workload assist this.

- Specialist knowledge is important, but holistic person-centred support is another important aspect of EHC plan implementation, enabled by knowledge of individual children and their circumstances. This is built up through everyday contact and through the relationships held with children and their families. This means that whilst formal learning is required, so are experience and observations, and getting to know children and young people and their families requires time.

- Finally, this research highlighted SENCo commitment to individualised child-centred practice. It also highlighted that EHC plan implementation was characterised by huge workloads and by tight timescales and resources. Whilst this is not new knowledge, prioritising the children and families they work for over their own work-life balance carries a not insignificant risk for SENCo wellbeing and resilience. The strong theme of passion and commitment suggests that the negative impacts of this may be being offset by emotional effort. However, the personal and emotional aspects of SENCo work, including EHC plan implementation, can be unseen, unrecognised and undervalued, and it is suggested that there is a need to recognise, prioritise and address the need for emotional and moral support of SENCos.

In conclusion, this article argues the reality of “making sure” EHC plan implementation “happens” is “tough” (EY8), though it can be enabled by specific knowledge and skills, robust evidence and knowledge of individual children. Additionally, SENCos are very aware of the impact EHC plan implementation can have on their workloads and homework balance, with attendant risk to their wellbeing and resilience. Whilst the SENCo role is not currently recognised as a profession, the EHC plan implementation enablers reflect elements of professionalisation (Evetts, 2011). Professionals whose central role involves caring, access clinical supervision to support wellbeing and practice and professions have bodies and

organisations that act as information and support hubs. This article ends by arguing that the need to support SENCos, so they in turn can best promote the learning, development, wellbeing and inclusion of children and young people with the most complex SEND is clear, and that the need for an information hub and support mechanisms for SENCos, has never been greater.

Note 1. The Teacher Training Agency's SENCo National Standards (TTA, 1998) identified four core responsibilities:

Strategic direction and development of SEN provision;

Teaching and learning;

Leading and managing staff; and

Efficient and effective deployment of staff and resources (p.11).

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